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## LITHOLAPAXY.

BY HENRY J. BIGELOW, M. D.

In a paper upon Litholapaxy published last year, I reported twelve cases with one death. Below is a record of nine cases upon which I have since operated successfully, under ether as before.

Case XIII. March 9, 1878. Age thirty-three. Stone weighing two hundred and forty grains. Time sixty-eight minutes. Rapid recovery. The patient, for many months very ill, was at once relieved.

Case XIV. December 20, 1878. Age sixty-nine. Stone measuring eleven centimetres by fifteen. Time forty-five minutes. Usual recovery.

Case XV. January 24, 1879. Age sixty-seven. Stone weighing two hundred and sixty grains. Time forty-six minutes. Usual recovery.

Case XVI. February 10, 1879. Age fifty. Three hundred and two grains of hard oxalic stone. Time one hour twenty-one minutes. Usual recovery. This was the largest hard stone yet treated by immediate evacuation.

Case XVII. April 7, 1879. Age fifty-four. One hundred and eight grains of hard oxalic stone. Time thirty-five minutes. Usual recovery.

Case XVIII. April 26, 1879. Age forty. Stone of the size of a marble. Time twenty-seven minutes. Usual recovery. Only worthy of record as immediately relieved from great irritation of four years' duration.

Case XIX. June 4, 1879. Age sixty-five. Stone weighing two hundred and forty-two grains, mixed lithic and phosphatic. Time forty-six minutes. Usual recovery.

Case XX. Small stone. Usual recovery. The only case where I was unable to pass a straight tube, from obstruction at the internal meatus.

Case XXI. July 21, 1879. Age twenty-one. A large stone of seven hundred and twenty grains. Measurement two and one fourth inches. Time one hour and seventeen minutes. Usual recovery.

It is unnecessary to say that these operations were done deliberately;

neither the anæsthesia, the crushing, nor the evacuation requiring haste. I have hitherto reported the time of my operations to illustrate and impress this fact, which was a new one. Surgeons familiar with the use of ether do not hesitate to continue anæsthesia almost indefinitely if there is anything to be gained by it. Nor is the bladder itself affected unfavorably by a protracted operation. Indeed, "rapid lithotrity," a name intended to designate a long sitting for the purpose of removing the whole stone through a large tube, calls for greater deliberation and care than the old dilatory lithotrity by repeated two-minute sittings, with an interval of days between them. It is rapid only as a whole and when compared with the old operation.

The details of a case may further illustrate this: for example, the last here recorded, where seven hundred and twenty grains were removed in one hour and seventeen minutes, the stone being the largest but one as yet subjected to operation by the new method. Here four crushings occupied twelve, six, six, and four minutes; and five washings six, four, twelve, and seven minutes respectively, with intervals added. But a very large part of this stone was removed in ten minutes by the first two short washings. The rest of the time was for the most part devoted to a leisurely and careful search for remaining fragments. As performed here now, the operation consists of litholapaxy followed by thorough sounding with a tube. It may be made shorter by not completing it, — by postponing the final exploration. In other words, surgeons may prefer to leave the last fragments for a second operation. This has been proposed by one of the strongest advocates of haste, which is a habit connected with the two-minute sitting, when it was erroneously supposed that damage to the bladder was in proportion to the time occupied by instrumentation. The tradition has so strong a hold on surgeons that cases of rapid lithotrity are still reported in which the operator seems to have been under pressure of some sort to finish the sitting quickly, at all hazards, as if it were essential to do so. And yet the performance of lithotrity against time will probably be soon as obsolete as is now haste in other operations under ether anæsthesia.

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# THREE CASES OF SCARLATINA, WITH EIGHTEEN OF SYMPATHETIC SORE THROAT.[1]

BY DUDLEY P. ALLEN, M. D.

AT Devereux Farm, Marblehead, during the summer of 1878 were about thirty boarders and ten servants. On July 12th a case of sickness occurred, followed between that and July 29th by twenty other cases, all but one of which were attacked before July 19th. Three of these cases were undoubted scarlatina, all having well-marked prodromes, eruption, high fever, desquamation, and one having albuminuria. No eruption was noticed in any of the other cases. The cases without exception were somewhat varied, but the leading symptoms were increased pulse and temperature and sore throat. Some had added to this digestive disturbances. The throats showed inflamed tonsils and palate. One had a membranous and others had follicular exudation. Some had no exudation. Several of these patients were confined to their rooms nearly two weeks; most of them but two or three days. A few came to all meals, though suffering from fever and sore throat. The sore throats were pronounced by various able physicians in attendance such as occur in connection with epidemics of scarlatina.

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[1] Extract from a prize essay read before the Boylston Society of Harvard University Medical School.

The patients with scarlatina were seven, ten, and fourteen years old respectively. Those who had sore throats were all adults. Those not sick were all adults, except one boy, who was thirteen years old. Of the three who had scarlatina, none had had it before. Of the eighteen who had sore throat and fever, nine had had scarlatina before, nine had not. Of those who were not sick, nine had had scarlatina, ten had not. Thus those who had previously had scarlatina did not seem more exempt from sore throat than those who had not.

A cause for the sickness was carefully sought. Inquiries made at Beverly, Salem, Marblehead, Lynn, Swampscott, Philip's Beach, Hotels Preston and Clifton, showed very little prevalent sore throat, and an almost entire absence of scarlatina. Thus the disease was strictly local. Causes were sought in the weather, a marsh between the house and the sea, the milk, the cess-pools, the vault, the ice, the wells, and contagion.

(1.) The *weather* previous to the epidemic was very warm and very dry. Just before it there was a sudden change. There were numerous rains; the wind was east and quite cold. That the weather could not have caused the disease is shown by the fact that in the surrounding country, and especially in this immediate vicinity, people were not affected.

(2.) The *marsh* between the house and the sea was about two hundred feet distant from the house. The water in the marsh is but partly salt. This had never caused sickness before, and those most exposed to the marsh this year were not more, if as much, affected as others. Besides, surrounding houses at a varying distance of from four hundred to fifteen hundred feet had no sickness, so that it seems impossible that the marsh could have caused the sickness.

(3.) The *milk* used before the epidemic came direct to the house from the cows on the farm, and continued to be drunk at table during and after it. Those who did not drink milk were equally affected with those who did. No cause for suspecting the milk could be found.

(4.) There were two *cess-pools*, one forty feet, the other further, from the house. Oil of peppermint poured into these showed no connection between them and the house. Those most exposed to exhalations from the cess-pools were least and among the latest affected, so that they cannot have caused the disease.

(5.) The *vault* was separated from the house, being about seven feet distant from a wing. Especial care had been taken with this the present season. Of those who worked and slept in the wing near this a smaller number were sick than of those in the main body of the house, and thus it would not account for the disease.

(6.) The *ice* was furnished by one of the companies supplying Marblehead, and continued to be used throughout the summer. It caused no sickness elsewhere, so presumably it did not here.

(7.) The *wells* were two in number. Chemical analysis showed one to be sufficiently pure, and this was the one used for drinking-water. The second well was contaminated by ammonia and albuminoid of ammonia. That this contamination took place just preceding the epidemic is probable, since the rains at this time would have easily washed surface matters, or sewage from a drain close by, into the well. A month later, on cleaning out the well and analyzing the water which flowed in, no impurities were found. Since large amounts of water had been pumped from this early in the season, and no rain had fallen until just previous to this epidemic, its contamination probably took place immediately before the sickness. The well may have been sometimes used in cooking, but could by no possibility have been used for drinking. Thus, though well No. 2 was contaminated just at this time, the fact that if used at all it was only in cooking would seem to remove it from among the causes of disease.

(8.) *Contagion* was carefully sought as a cause. None was found. If all the cases of sickness can be accounted for from a single cause, this is more natural than to attribute them to various causes.

Scarlatina will do this. The following propositions can be abundantly established by observations and cases of the most reliable medical writers: (1.) That during the prevalence of scarlatina there may occur cases of sore throat, both in those who have previously had scarlatina and in those who have not, and that this may be the only manifestation of the disease. (2.) That these cases of sore throat without rash may communicate true scarlatina to others. (3.) That scarlatina anginosa may be complicated by diphtheritic exudation. (4.) That the period of incubation in many well-authenticated cases has not exceeded twenty-four to thirty-six hours. (5.) That a patient in the first stages of the disease is capable of communicating it to another.

These propositions being true, the only rational explanation of the epidemic would seem to be that the three cases of well-marked scarlatina were accompanied by some eighteen others of scarlatina anginosa without eruption. The first case occurred Friday evening, and showed no eruption. The second case was taken twenty-four hours later, and was subject to exposure to Case I. Within the twenty-four hours succeeding Case II. there were some five cases, the last of these five being the first well-marked case of scarlatina exanthematosa. Thus the first case of scarlatina followed the first of sore throat some forty-eight hours.

All persons in the house were subject to exposure. If the disease had its origin from Case I., the period of incubation in the next case (twenty four hours) is without doubt sufficient for the development of the disease. It is not impossible, however, that there may have been a common cause of contagion to several of the family. Many of these were going to Boston every day, and would have been subject to exposure. Different articles were brought to the house which might have contained the contagium, though none could be traced. Before the sickness various persons called at the house, though after its commencement there was no communication between this house and those immediately surrounding, so that this would account for the fact that none of the neighbors contracted the disease. The theory that the disease may have developed *de novo* is attractive. This can neither be proved nor disproved. This is possible, but contagion is also possible, and cannot be excluded.

The fact that those inoculatory processes which can be best traced, namely, vaccination and venereal disease, never occur spontaneously would render it probable that other diseases dependent upon contagion do not develop *de novo*. The conclusion reached in the epidemic was that three cases of scarlatina were associated with eighteen of sore throat, which might be called the sympathetic sore throat of scarlatina. Since no local cause could be found for the disease, and since contagion was perfectly possible, this is also probable. The contagium might have been common to a large number of the family, or if introduced by Case I. the exposure to this case and the period of incubation between this and those following were sufficient for the development of the disease.

During the present season of 1879 the house is full of boarders, and there are more children among the number than last year. There has been, however, no sickness of any sort.

The precautions taken to destroy all remaining contagion from scarlatina were to wash thoroughly and paper the rooms in which the cases of scarlatina of the last year occurred. The house was also vacant during the winter.

# A CASE OF ACONITE POISONING.

BY C. G. CARLETON, M. D., LAWRENCE.

At four o'clock A. M., June 6, 1879, I saw Mrs. S., a widow, age twenty-three, who had been under the care of a physician for so-called Bright's disease. I learned that at midnight she had taken from a trunk, in a dimly-lighted room, a bottle which she supposed contained spts. ether nit., and had poured without measurement into water an amount which she intended to be a teaspoonful. This she had drunk, and then fallen asleep, to be awakened at half past three by pain and general distress. The bottle from which the medicine had been poured was shown me, and was labeled "Tinct. Aconite, Poison," and subsequent inquiry at the druggist's proved it to be from the root. From the best judgment I could form the amount taken was about three drachms. At this time the patient was in bed complaining of extreme pain "all over," and "tingling of the veins." She was in pretty constant motion, throwing herself about the bed, and at times her legs off its sides, and there was a limited amount of spasmodic action; pulse 32, very feeble, wavy, and irregularly intermittent; the respirations were feeble, shallow, and irregular; pupils contracted; no special thirst or dryness of fauces, and no headache; the intellect was clear. A small amount of magnesia had already been given her.

Free emesis was induced by titillation of the fauces, and promoted by copious draughts of warm water. A considerable quantity of undigested food was vomited at first, and afterwards bile and mucus. At 4.50 A. M., her condition at this time being much the same, with the additional symptoms of profuse cold sweating, cold extremities, and constant screams with appeals for relief, I prepared fifteen drops of tincture of digitalis with a few drops of warm water, and gave her one half the amount by hypodermic injection in the fore-arm, and in ten minutes the remainder. These injections were followed at once by quite decided increase in the volume of the pulse, with a slight increase in its frequency. Meantime frictions with warmth were kept up, and a sinapism was applied over the epigastrium. At 5.20 A. M. another hypodermic injection of fifteen drops of tincture of digitalis was administered. I then left her with directions that the head be kept low and frictions continued. At the earnest request of her mother she was permitted to inhale a few drops of "chloric ether," and this produced some quiet. Returning at 6.10 A. M., I found her condition slightly improved, — less sweating and less restlessness; but in reply to the inquiry if the pain were less, she shook her head in the negative, and constantly asked for relief. The pulse was but little better than at the beginning of treatment. I then gave another hypodermic injection of fifteen drops of the tincture of digitalis, and the stomach, which until now had been frequently expelling mucus, being somewhat quiet, I gave a mixture of brandy and ammonia, which, however, was quickly rejected. Sips of brandy were subsequently given at frequent intervals, but not retained. As there had been no dejection for a week, and as the attendants were hardly able to render the assistance which was imperatively demanded, I was unable to use stimulating enemata. I left her at 6.45 A. M., feeling that she was improving; the skin had more warmth, there was less sweating, and the pulse had increased to 42, with less frequent intermissions. There was also less restlessness, although the patient did not admit feeling any better. At 7.30 A. M. I found her sleeping, and she was with difficulty aroused, when she spoke feebly; the skin was warm and dry, and the extremities warm; still inclined to vomit if disturbed; pulse 44. I then gave another and final injection of fifteen drops of digitalis. At 9.30 A. M. the pulse had increased to 54, and at 11.30 A. M. to 72, with the action of the heart normal. The vomiting gradually ceased, brandy, and later other nourishment, was retained, and her subsequent improvement was uninterrupted. Upon the following day I found an erythematous blush upon the arm about the punctures of the needle, accompanied by some pain; but this at my last visit, the third day, was passing away. At each visit she spoke of "tingling," which upon the third day was very slight. The result of the treatment in this case seems to me to reinforce very strongly the arguments which were, I believe, first suggested by Dr. J. Milner Fothergill in 1871 for the physiological antagonism between digitalis and aconite, and which were, so far as I am able to learn, first applied in the human subject by Dobie in a case reported in the *British Medical Journal* in December, 1872.

## RECENT PROGRESS IN ORTHOPEDIC SURGERY.[1]

BY E. H. BRADFORD, M. D.

*Pathology of Joint Diseases.*[1] — Volkmann's monograph illustrates that hip-joint disease, tumor albus, caries of the joint, are terms which convey to modern surgical pathologists a different meaning from that understood by the older writers.

Volkmann claims that his numerous resections have enabled him to study the disease at a stage not investigated before. He believes that fungous inflammations of the joint begin usually, and in children always, not as an arthritis (that is, in the joint), but as a localized ostitis, limited to a spot in the epiphysis next the joint. This is the condition in the prodromal stage, when symptoms are often so slight, and accounts for the fact that patients at this period often move about freely and suffer but little, although the disease may be well established. If this inflammation extends, it becomes more diffuse and the joint is invaded, giving rise to acuter symptoms. Volkmann calls attention to the disastrous effect of joint pressure in favoring extension of the disease, already pointed out by himself and Busch, and regarded as so important by what is called the American school.

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[1] Sammlung klinischer Vorträge, 168, 169. Charakter und Bedeutung der fungösen Gelenkentzundungen.

The primary bone lesion is generally small, and lies below the cartilage, although it may not be directly close to it. It is in the earlier stage a sharply defined opaque or yellowish spot in the spongy portion of the bone, surrounded by bony tissue, injected and slightly thickened. Danger to the joint begins when this cheesy focus breaks down and extends to the joint, causing an inflammatory reaction in joints and in the tissues about. This, however, may not take place, and the focus may remain encapsuled for years.

Even if the disease extends, the joint is not necessarily involved, as Volkmann illustrates by cases where the disease, originating in the epiphysis of the head of the femur, had extended outwards, leaving the joint comparatively healthy. This is of course rare, as the site of the initial bone lesion is usually close to the cartilage of the joint. The places where this circumscribed epiphyseal ostitis occurs most frequently are the olecranon, the condyles of the humerus, calcaneus, internal condyle of the femur, neck and head of the femur, and the acetabulum.

Volkmann does not deny that a primary synovial form of fungous joint inflammation exists, but he considers it as much rarer, and to be seen most frequently in adults. He claims that the fungous joint affection will not result from a simple traumatic purulent synovitis; it has a character of its own, dependent upon a specific cause, namely, what Friedländer has termed a "local tuberculosis." Wherever the initial bone lesion is found it is always surrounded by miliary tubercles, and these he regards as the exciting cause of the affection. A caseous, non-tuberculous ostitis may exist, as in the lungs phthisis occurs distinct from tuberculosis, but this is not yet established. He believes these tubercles are identical with miliary tubercles elsewhere, but by no means considers that this local tuberculosis is necessarily unfavorable as far as recovery is concerned. He cites cases where he has opened diseased joints and removed portions of the synovial membrane, which on microscopical examination was found to contain miliary tubercles, and yet a cure took place, with restoration of motion.

This matter of tuberculosis of joints is one which at present is attracting a great deal of attention among Continental pathologists. H. Hueter[1] shows by experiments upon animals that tuberculous matter injected into a joint will cause a synovitis granulosa hyperplastica, as it is termed by German writers. From this focus a general tuberculosis may be developed, and the dog die from that cause.

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[1] Exp. Erzeugung der Synovitis granulosa, Deutsche Archiv f. Chirurgie, 1879, xi. Bd. p. 317.

Schüller[1] made the following experiments to prove the relationship between tuberculosis and joint affections: He injected, by means of a subcutaneous syringe, tuberculous sputa and fluid matter from tuberculous human lungs into the lungs of guinea pigs and dogs. He also obliged several animals to inhale for a few days, for half an hour a day, fluid of a similar character. He then subjected the knee-joint in each case to a violent wrench or contusion. With few exceptions an inflammation of the joint followed in cases not killed by the exposure to the tuberculous virus. The character of the joint affection was that of a synovitis granulosa, attended by the development of granulations on the synovial membrane, with extensive separation of the cartilages. In some cases suppuration took place. The cartilages became cloudy, the bony portions of the joint were softer than normal, and the spongy portion of the bone injected. But few tubercles were to be found in the lungs, and none in the joint. The bronchial and mesenteric glands were always swollen.

Similar injuries inflicted upon healthy animals caused no such changes. Extravasation of blood occurred into the joint in some cases, but this disappeared in eight days, and no evidence of inflammation could be traced.

The conclusion that a defective constitutional condition is essential to the development of a joint trouble readily suggests itself. It must, however, be remembered that it is impossible to reason from analogy in comparing pathological states in animals with those of human beings, as certain animals seem particularly affected by the tuberculous virus, a fact on which Volkmann lays great stress.

König[2] quotes Köster, Friedländer, Ranke, as demonstrating the frequency of miliary tubercles in chronic inflammations of joints, and publishes several carefully observed cases to prove that true miliary tubercles are invariably found in advanced joint affections in certain portions of the joint. Tubercles are not seen everywhere, but almost always about the caseous foci at the ends of bones, around sequestra which may be formed, and in the granulations of all parts of the joint. He describes the fungous inflammation of joints as a process induced by a local tuberculosis. Brissaud[3] cites French authorities on this subject. Nélaton long ago pointed out that there was a striking similarity between the pathological changes in the tuberculosis of the lungs and in tuberculosis of the joints, using the term when its meaning was not as limited as it is now. But Cornil[1] has confirmed Köster's observations of true miliary tubercles in fungous disease of the joints. Brissaud records a unique case where general tuberculosis developed from a caseous deposit in a knee-joint, the lung and other organs being entirely free from any old inflammation. Brissaud thinks that fungous arthritis undoubtedly occurs without the coexistence of tubercles, but microscopic proof at present shows that tubercle is the chief element in fungous inflammation of the joint.

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[1] Centralblatt f. Chirurgie, v. p. 43, 1878; also Schmidt's Jahrbuch, 1879, Bd. clxxxi. p. 53.

[2] Deutsche Archiv f. Chir., xi. Bd., 1879, pp. 317, 530.

[3] Tuberculose articulaire, Revue mensuelle de Med. et Chirurgie, June 10, 1879.

The existing knowledge on the subject may be summed as follows: Miliary tubercles are almost invariably found localized about the joint in the cases of fungous arthritis which come to resection, amputation, or autopsy, that is, well-advanced cases. Such cases may recover after resection or amputation, proving that local miliary tuberculosis is not necessarily fatal.

Animals under the influence of the tuberculous virus usually develop a joint disease when that joint is subjected to injury.

It cannot, however, be said to be yet established, as is claimed, that tuberculosis is a *sine qua non* of fungous arthritis.

It is not known that miliary tubercles are found in the early stage of that affection destined to become fungous arthritis or tumor albus. It therefore cannot be known that miliary tuberculosis in the later stage is a cause and not a result, or even a non-essential result.[2]

*Treatment of Bow-Legs.* — Gibney[3] has found "it is the opinion of many physicians and surgeons of large practice that nature herself will right bow-legs in time, and the advice is given to wait; and the parents do wait until ossification is complete and a cure by mechanical appliances is impossible." Just what cases are destined to recover without treatment and in what cases treatment is necessary is as yet undetermined.

In the early cases, before the child is able to walk, Dr. Gibney advises that the limb be "sprung" three times a day, that is, attempts should be made to bend the limb straight by means of the hand. This is of little use in older children, as the bones are stronger, and mechanical appliances are indicated. He advises a simple form of apparatus, the simpler the better. In his experience he has found no ill effect from the use of apparatus, nor does the apparatus appear to interfere with the nutrition of the limb.

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[1] Archives de Physiologie, 1870, page 325.

[2] Also, Lannelongue, Arthrite tuberculeuse, Bull. de la Soc. de Chir. de Paris, tome iv. No. 4; also Centralblatt f. Chirurgie, No. 20, 1879, p. 333; also, Despres, De l'osteite juxta epiphysaire chronique et de ses suites, Gazette des Hôpitaux, Paris, 1879, liii. 433, 435; also, Gosselin, Gaz. des Hôpitaux, June 24, 1879, page 569. For a different view of the subject, Duret, Progrès médical, June 14, 1879, page 459, La Synovite fibrineuse et ses Rapports avec la Tumeur blanche.

[3] Maryland Medical Journal, May, 1879.

In children four or five years old he thinks little can be done by means of apparatus to correct rachitic deformity, and osteotomy or osteoclasis must be resorted to.

As to choice between osteotomy and osteoclasty, the indications for each procedure have not yet been accurately determined. Dr. C. T. Poore, of New York, has operated on twelve children varying in age from two and half to thirteen years. The results were satisfactory in all the cases. The only ill effects recorded were a slight exfoliation of bone in one case, and slight suppuration in two cases, but not enough to prevent complete recovery. Dr. Poore prefers the chisel to the saw in performing the operation. He operated antiseptically in his earlier cases, but in the later cases antiseptic dressings were applied, with spray. Care should be taken that the edge of the chisel does not project beyond the crest of the bone, and in one case the anterior tibial artery was wounded in that way. He advises the insertion of carbolized horse-hair through the wound and a counter-opening, in order to secure drainage, removing this in a day or two. The limb is placed in a zinc splint extending from above the knee to below the foot, and a week later is put up in a plaster-of-Paris bandage. Union takes place usually in four weeks.[1]

Dr. A. T. Cabot reports five cases of successful osteoclasis in rachitic deformity.[2] The result was excellent in all the cases. An autopsy was made on one of the patients who died soon afterwards of an intercurrent affection. It was found that the fracture had taken place without any splintering, and the union had been so perfect that the seat of the fracture could with difficulty be seen.

Osteoclasis is of course to be preferred to osteotomy where it can be done. Dr. Cabot shows that it is practicable in more cases than has been supposed, and that the operation, as far as evil results are concerned, may be considered a trifling one.

The danger of splintering, which suggests itself, appears to be slight, for the reason that the fracture is of the nature of a green-stick fracture.

Dr. Poore found in some of his cases that the bone was unusually hard to the chisel, showing that in rachitic deformities, even in children, the bone is not necessarily soft. In cases where there is danger that the fracture in osteoclasis will not take place in the exact point desired, on account of thickness of the bone, the method used by Dr. Porter in one of the cases reported by Dr. Cabot recommends itself. Holes were drilled into the bone at the place at which it was desired that the fracture occur, and the osteoclast used in the usual way.

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[1] Louisville Medical Journal, July 26, 1879, page 45 ; also New York Medical Record, April 26, 1879. For other references on this subject see Boston Medical and Surgical Journal, April 18, 1878, page 505, and Med. Chirurgical Review, 1874, page 148; Med. Times and Gazette, February 2, 1878; Ibid., May 12, 1877, page 516 ; Dublin Med. Journal, May, 1878, page 464 ; Lancet, December 28, 1878; London Medical Record, October 13, 1875, page 589; British Medical Journal, 1879, vol. i. 586, 656; Glasgow Medical Journal, 1879, xi. 224, 226, 375, 377.

[2] Boston Medical and Surgical Journal, August 14, 1879, page 217.

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## DEDICATION OF THE NEW LIBRARY HALL OF THE NEW YORK ACADEMY OF MEDICINE, OCTOBER 2, 1879.[1]

Dr. Barker now arose to make the opening address, which was an exceedingly happy effort, and admirably adapted to the occasion. After paying a tribute to the labors of the subscription and building committees, and complimenting the architect and builder, he went on to say: "We have now met to dedicate this Library Hall to the high purposes for which many have labored earnestly, and many have contributed to the full extent of their hard-earned means, but which would not have been accomplished at the present time had not our noble benefactor come forward with a truly munificent donation, and crowned with success the efforts to secure for the meetings of the Academy and other medical societies which are working for the same end a well-lighted and well-ventilated hall, and a home for all the literature of our profession. May we not hope with confidence that the meeting of this evening will begin a new era in the history of the New York Academy, and that these rooms will be a central home in which the profession will find it pleasant and profitable to work together for mutual and public improvement, for the advancement of science, for the promulgation of new truths, the development of progression, skill, and, may I not add, the cultivation of those social graces which bind us in the friendly ties of the common brotherhood of a useful and an honorable profession? Shall we not make this Library Hall the Mecca to which the profession from all parts of the country will desire to make a pilgrimage, feeling well assured that they will be welcome to a library which contains the accumulated treasures of the literature of the past on every topic pertaining to medical science, and the current and periodical literature of the present day, so necessary for all who would keep abreast with the rapid advance of science? The founders of this Academy, many of whose portraits decorate our walls this evening, 'builded better than they knew.' On a former occasion it was my privilege to show how great has been its influence in stimulating work in the form of contributions to medical literature, and I surprised many by the assertion, which cannot be controverted, that a physician whose library consists exclusively of the works of Fellows of this Academy has a better and more useful working library than belonged to a large majority of the profession in this country when the Academy was founded. The future rank which the profession of this city will hold, or, to give expression to the same idea in a different way, the future character of the Academy of Medicine, is in the hands of the young men who soon are to fill our places.

"If time would permit, I could give conclusive demonstration that we have every reason to anticipate that our successors, as regards numbers, abilities, acquirements, mental activity, high ambition, and useful, creditable work, will far surpass their predecessors. With the great increase of numbers competing, it will require superior culture, greater talent, and more persevering industry for individuals to attain equal prominence with some of their predecessors. This is not a misfortune, but a blessing, to the profession, and will prove a boon to the Academy. Young men, we, who soon are to give place to you, salute you. It is but a few years since a young and unknown assistant surgeon in the army began to develop such ability and genius, such an instinct for seizing opportunities, such a capacity for creating circumstances, such a power of compelling everything to work for the ends which he sought to attain, and such a breadth of scope in his great schemes that there has resulted as the fruit of his work one of the most remarkable medical libraries now in existence. But he has not stopped with this work. His bibliographical labors have been immense, and are of incalculable value to the medical scholarship of the whole country. In addition, however, he has planned and supervised the construction of a hospital which, when completed, will, in the opinion of those competent to judge, surpass in excellence all others in the world, as regards its fitness and adaptation for the purpose for which it is designed. Nor can I omit some reference to a great work which he has done in connection with the organization of the National Board of Health, through the agency of which we may confidently hope that in the future we may be spared those terrible epidemics which have brought so great distress and sorrow in some parts of our land. I refer to what this gentleman has done, not for the purpose of paying a personal compliment, but to emphasize an illustration, and enforce the moral that if the genius, ability, and energy of one man can accomplish so much, stimulating, swaying, and educating the whole medical mind of the country, what ought the combined talents, learning, and labor of such an organization as the New York Academy of Medicine to accomplish in the future? Shall we not do as much for the elevation and advancement of the profession through the efficient work of the young men who are coming up as has been done by one Billings? Remembering what he has done, we can forgive him if in former days he has been instrumental in drawing away a large number of most valuable books to glorify a library in the political metropolis of the country which ought to have been retained in the commercial and intellectual metropolis of the country, and should now be on the shelves which surround us. I beg pardon of our Boston friend, who now honors us by his presence, but when I speak of New York as the intellectual metropolis, I refer to quantity, and not to quality.

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[1] Concluded from page 527.

"We may congratulate ourselves on our success in so far filling the shelves of our library; but as yet we have hardly begun. I know of many precious treasures in the form of valuable libraries that are destined in the future to find their home here. The families of those who have been Fellows will learn to know the importance of the mission of the Academy, and will inherit an interest in its prosperity, and we shall thus have the efficient assistance of womanhood to cheer us on. Already we have had the evidence of this feeling transmitted to a daughter of one of the original founders of the Academy.

The name of Samuel Pomeroy White, formerly professor of surgery in the Berkshire Medical College, will always have a place in surgical literature as that of the young surgeon in the country who first successfully tied the internal iliac artery. The name of Mrs. Hartley, his daughter, will always have a place in the annals of the New York Academy of Medicine as one who honored the memory of her father by her generous and unsolicited contributions to its aid on three different occasions. As the purposes and aims of the Academy become known to the community at large, as the good work that it is expected to accomplish becomes more and more apparent, and as the rich and cultivated class of this great city grow to appreciate the importance of and necessity for a medical profession of the highest order as regards talent, acquirements, and devotion to their calling, and as they gradually learn that all this that we are doing is not for the purpose of putting money into our own pockets, but that it is only accomplished by taking money out of our pockets, may we not confidently hope that some of the wealthy will have the sagacity to perceive that by aiding us they become public benefactors? May we not anticipate that some Johns Hopkins will give us the means to secure a home worthy of the profession of such a city, like the noble and imposing edifices now belonging respectively to the Royal College of Physicians and the Royal College of Surgeons of London?

"But before we can expect such a result we must first demonstrate our worthiness and prove our competency to hold such a trust. Although our financial position is now good, inasmuch as our income more than pays our expenses and the interest on the mortgage of $10,000, our only liability, yet the existence of a debt always justly creates distrust. If, therefore, some of our number who possess abundant means, whether acquired by inheritance or through professional success, due to great talent, untiring industry, wise prudence, and judicious investments, should determine to relieve the Academy of all odium of debt, the shock of the announcement that this mortgage had been lifted would be borne by us all with manly courage."

Before unveiling a beautiful marble bust of Mr. Spencer Wells, which he had recently purchased in London as a present to the Academy, Dr. Barker spoke for a few moments on the subject of ovariotomy, which he characterized as undoubtedly the greatest surgical achievement of the present century. After alluding to the recent dedication of the monument to Ephraim McDowell, at Danville, Ky., he said that many of those present could remember when the operation was considered not only entirely unjustifiable, but as a really criminal procedure. And now one gentleman sitting upon the platform (Professor Thomas) had performed it in twenty-two successive cases without a single death. The great work of the lamented Peaslee had been fittingly dedicated to McDowell and Wells; and as a lasting memorial had already been devoted to the former, he thought it only right that in the halls of this Academy, which included upon its roll the names of Peaslee, Thomas, Sims, and Bozeman, this marble tribute should be set up in honor of the latter, who had now performed the operation of ovariotomy nine hundred and fifty-eight times. The bust, he said, had been shown at the late exhibition of the Royal Academy in London, where it had been much admired. Having quoted a critical notice of it from the *British Medical Journal*, he added that the expression upon the features was precisely that of the great ovariotomist when making a diagnosis. He explained, moreover, that the bust possessed peculiar interest from the fact that it had been executed by one of our own profession, Richard Liebreich, the distinguished ophthalmologist. Dr. Barker also presented as a gift to the Academy a massive chair and reading-desk for the president and a table for the secretary, after which he closed his address as follows: —

"There is an old Greek proverb, attributed to Hesiod, that 'half is better than the whole,' which has often occurred to me as a wise one, to be remembered by those who read papers before learned societies. The number of speakers who are to follow, and whom I know you are impatient to hear, renders this proverb peculiarly pertinent for me on the present occasion. I will therefore conclude my remarks by expressing the hope that the New York Academy of Medicine will ever regard this as a memorable era in its history, and will this evening take a new departure, which will be followed by a glorious career of usefulness and influence that will in all the future remain a monumental tribute to the high purpose, wise forethought, and noble liberality of Abram Dubois."

The president then introduced Professor Ackland, of Oxford, who took this occasion to acknowledge the courtesy which he had everywhere received at the hands of the profession in America and of the American people in general, who still seemed to entertain the warmest feelings towards the mother country. This was the second visit that he had paid to the United States. The first had been made twenty years ago, and at that time he had studied our hospitals, asylums, and other similar institutions very thoroughly, and on no occasion since, upon which he been called to speak on such topics, had he ever neglected to give American hospitals their well-deserved meed of praise. Since then he had always felt the deepest interest in what was going on in this country, and especially during the late war, as he was personally acquainted with many of those taking the most active part in it on both sides, as well as with many of the localities in which its bloody scenes were enacted. And now that he returned after twenty years, he was astonished and gratified to behold the progress that had been made here, notwithstanding the intervention of this great struggle, which he characterized as the most tremendous civil convulsion ever known in the history of the world. The growth of cities, the advance of science and education, the multiplication of colleges, hospitals, and noble institutions of every kind, the vast work that was being carried on in the publication of original medical literature, were all most surprising. Thus, he would cite the new building of the New York Hospital as an instance. He would not say that it was by any means the best that could be desired for the purpose for which it was intended, but certainly no expense, no artistic embellishment, no means, whether substantial or æsthetic, had been spared in its construction. Some people claimed that the modern hospitals were too luxuriously fitted up; but why should the suffering poor not be well taken care of, and to what nobler object could a wealthy philanthropist devote his money than to the providing of such comforts for the alleviation of their miseries?

No one could fail to be struck with the progress recently made in this country in medical education and science, and when he saw about him such men as Gross, of Philadelphia, Shattuck, of Boston, Billings, of Washington, and the shining lights of the profession in New York, too numerous to call by name, well might he be stirred to enthusiasm and infused with hope for the future. But still he saw one difficulty arising, one hard problem to solve, and that was the bringing about of a uniform standard for the qualification of regular practitioners of medicine. This was perplexing enough in Great Britain, where there were only nineteen institutions concerned in the matter, but it must be still more so in the United States, where there were nearly one hundred medical colleges authorized to confer degrees. Medicine was a subject for humanity. Its progress concerned the good of the whole world, and politics should never be allowed to mingle with its affairs. In England, Scotland, and Ireland, an effort was now being made for the publication of a list of all properly qualified physicians and surgeons, and as for those whose names did not appear in this list, they would be left to themselves and the public. This, he believed, would result in much good, and he felt confident that the same course would be eventually adopted here.

He next spoke of the establishment of a National Board of Health within the last twelve months, which he regarded as a matter of extreme interest, both in a political and a medical point of view. It was incredible to him, however, that there should be any conflict between it and any state or municipal authorities. The hindrance of disease was one of the great objects sought by modern medical science, and he thought that all measures with this end in view should be forwarded in every possible way. We needed professorships of hygiene in all the colleges, and also one or two chairs of comparative national health, which should be endowed by some wealthy citizen and filled by men specially fitted for the position, to work up the statistics and collect the vast stores of information which might be gathered in a scientific investigation of the subject among the different countries of the world.

It was announced on the programme that Mr. George William Callender, surgeon and lecturer on surgery, St. Bartholomew's Hospital, London, would next make some remarks; but the chair regretted to say that a telegram had been received from Mr. Callender, stating that he was ill at Lancaster, Penn., and could not consequently be present. In his place, however, he would introduce a certain "gay deceiver" from Philadelphia, Professor Gross, who had refused all his earnest entreaties to come on to the dedication of the new hall, and had then finally turned up after all in the most delightfully unexpected manner.

In the beginning of his remarks Dr. Gross paid a tribute to the memory of Dr. John Watson, one of the founders of the Academy, and regretted that his very valuable library had not been given to the society by his heirs. He wished to call attention to the fact that the writings of the fathers of the profession were far too much neglected at the present day, and he believed that the time was not distant when great pains would be taken to present these writings anew, either in the form of abstracts or of complete editions. Not all that was worth knowing was to be found in the books of this country or of this age, and much that might be learned from them was really derived from the fathers, but, being set forth in a different form, was palmed off as original. He also lamented the fact that so much money was thrown away by the wealthy which might benefit mankind if it were bestowed upon such institutions as the New York Academy of Medicine, and referred particularly to one case where three millions of dollars were swallowed up in lawsuits, which might much better have been given to such worthy objects.

Dr. Billings was the next speaker. He rejoiced, he said, to see the evidence of progress which such an occasion and gathering as this indicated. He had come to listen, and not to speak himself, but nevertheless he recognized that it was perhaps due to the Academy that he should give some report of its other library (at Washington), to which allusion had been made by the president. That the National Medical Library was what it was to-day he thought was probably due to a great extent to the New York Academy, since it was no doubt owing to the influence brought to bear by some of its Fellows on the New York senators and representatives in Congress that the necessary appropriations had been made. The library now contained fifty thousand volumes, with an equal number of pamphlets, and was believed to be the best working medical library in the world, on account of the completeness of its files of journals. It was not difficult for any specialist, for instance, to collect all the monographs upon the subject in which he was interested, but this was not the case with articles in journals. The efficiency of a library, he continued, depended to a great extent on its catalogue, and he then explained the nature of the new index catalogue, for the publication of two volumes of which an appropriation had been made by the last Congress. A catalogue was never finished, and just how it could be made to embrace the current literature of the day was a somewhat difficult problem, for the solution of which various plans had been proposed. One was by the monthly publication of the *Index Medicus;* but he thought this would be hardly practicable as a permanent thing, on account of the comparative smallness of its subscription-list. He had been somewhat amused in looking over the latter, and said that he found that thirty-three copies were taken in England, nineteen in Germany, five in Japan, and one in France, while no less than one hundred and sixty-nine were taken in New York city alone.

Professor Shattuck, being called on by the chair, made some humorous remarks, and also gave an interesting account of the Medical Library Association of Boston; after which Prof. Willard Parker gave a sketch of the origin and early history of the New York Academy. Forty years ago, when he first came to the city, the affairs of the profession were in a very disastrous condition. The County Medical Society had fallen into a Rip Van Winkle slumber of twenty years, the adherents of two rival colleges were at swords-points, and there were various smaller cliques, which prevented any unanimity of action or any scientific progress in the profession as a whole. Now, however, there was a wonderful change. The County Society and the Academy were the two great controlling bodies in it, and not only was their influence felt among medical men, but it could also be brought to bear with very considerable weight upon the community at large, whenever occasion required.

He closed by offering a resolution declaring that the opening of the new Library Hall was a demonstration of the wisdom and zeal of the founders of the Academy, and was an occasion upon which its present Fellows were to be heartily congratulated.

In rising to second this, Prof. Austin Flint said that he congratulated the Academy on having the home which it had gotten for itself enlarged and made beautiful by the munificence of a brother, on the presence of its distinguished guests, and on the eloquence of the addresses that had been made. The resolution was unanimously carried.

The president then read a communication from a gentleman present offering to be one of twenty, or one of forty, to pay off the ten thousand dollar mortgage of the Academy, and said that he trusted that after they had partaken of the "loving cup" nineteen others would be found to come forward in the same handsome manner. All the company then adjourned to the rooms below, where an elegant collation, served by the admirable Pinard, had been generously provided by Dr. Barker.

## DR. RAFINESQUE ON CHRONIC INTESTINAL INVAGINATION.[1]

The symptoms of the diseased condition known by the name of intestinal invagination or intussusception are subject to great variation, depending chiefly upon the presence or absence of strangulation. When this complication exists the disease has a rapid, *acute* course, and presents well-marked symptoms, which are generally sufficiently clear and familiar to allow a correct diagnosis to be made.

Instances, however, exist in which strangulation may be wholly absent, or may not supervene until very late, after a protracted course covering many weeks or months. The *chronic form* of invagination observed in such cases is less familiar to the practitioner than the acute form, and the real nature of the disorder is liable to escape detection till after death. Thus, out of fifty-six cases collected by Rafinesque, in only ten was a correct diagnosis made. The list of diseases erroneously diagnosticated in the remaining cases comprised the following: fæcal accumulation (two cases); hepatic colic; lead colic; pelvic abscess or hæmatoma opening into the rectum; worms (three cases); "a fever;" prolapsus of the rectum (three cases); intestinal obstruction (two cases); malignant disease (two cases); inflammatory affection; cancer of the bowel (three cases); intestinal tumor; cancer of stomach; cancer of uterus; gastric ulcer; gastric dyspepsia; peritonitis; tubercular peritonitis; ulcerative gastro-enteritis with tubercular peritonitis; parenchymatous gastro-entero-colitis; poisoning; chronic dysentery; enterorrhagia.

Notwithstanding, however, the difficulties of diagnosis encountered in these instances, Rafinesque firmly believes that cases of this description can and should be recognized during the early and often remediable stages of the disease. In his essay the symptoms observed in a large number of cases are analyzed, and the diagnostic features are carefully and minutely set forth. The first requisite of a correct diagnosis is that the existence of a chronic form of invagination should be borne in mind. In a doubtful case, where the presence of this disease is suspected, we would advise the practitioner by all means to consult Rafinesque's very able essay. Nowhere else will he find so much information regarding the diagnostic symptoms of this obscure and painful disorder. The subject of the treatment, both medical and surgical, is also carefully considered.

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[1] *Etude sur les Invaginations intestinales chroniques.* Par le Dr. F. G. Rafinesque. Paris: J. B. Baillière et Fils. 1878. Pp. 282. With lithographic plate.

## THE NEW TREATMENT OF STONE.

THERE has perhaps been no greater revolution in any department of surgery in a brief space of time than that which has occurred during the past two years in the management of stone in the bladder. When lithotrity was first introduced it was thought that the dangers and terrors of lithotomy were to be a thing of the past, a memory of the Middle Ages; but gradually it was discovered that this operation was also not without its sufferings and dangers, and many ingenious instruments and much skill and practice were employed to reduce these to a minimum. The perfection of the modern lithotritist was supposed to have been realized in that distinguished London surgeon, Sir Henry Thompson. Here was the man who could count his cases by the hundreds, whose delicate touch with an instrument of his own device was supposed to have conquered that dread sequel of the operation, cystitis, if it was within the limits of human skill and ingenuity to accomplish it. The accumulations of a few great surgeons in the English metropolis made it possible to collect valuable statistics on the different modes of operating, to compare the old with the new, lithotomy with lithotrity. An inventory was accordingly taken some two years since, when, alas for modern science, the prestige of the latter operation was evidently about to wane. In vain had Sir Henry perfected himself in his art, in vain had he reduced the manipulation of the bladder to an almost incredibly brief space of time; many of his colleagues, led by Sir James Paget, were about to tender their allegiance once more to lithotomy. It was interesting to those whose privilege it was to witness the experiments quietly going on in this country at that time to watch the ebb and flow of the discussion, and to note with no small satisfaction how thoroughly each master stood committed to his own favorite procedure. As lithotrity was on the point of being abandoned, the key to the problem was discovered in the new operation which Dr. Bigelow has given us, rising, as it were, from the very ashes of the old. The establishment of the principle that the dangers of lithotrity were due to sharp fragments and decomposable *débris*, and not to the use of instruments, was a genuine and valuable discovery. A few years ago Mr. Clover invented a syringe to remove the sand left by the lithotrite, but the diameter of his tube did not permit fragments of even moderate size to pass, and its employment produced, therefore, no modification in the operation of lithotrity. The large tubes, of a size supposed impracticable before Otis had shown the capacity of the human urethra, and the evacuating apparatus devised by Dr. Bigelow first made a thorough emptying of the bladder possible. Here, then, was an operation which rids the bladder of a stone as thoroughly as a lithotomy, but leaves no wound behind it.

Dr. Bigelow's new lithotrite is a valuable instrument, but should not be regarded as an inseparable part of his method. The ball handle, the locking of the screw by a turn of the wrist, the rectangular blades, and the peculiar construction of the jaws to prevent impaction of fragments are great improvements, as is also its size, which enables the operator to crush the hardest as well as the largest stone. This instrument without the essential features of "rapid lithotrity with evacuation," however, would not have saved the traditional operation of lithotrity.

The discussion which has followed has shown the versatile Sir Henry to be as skillful with his pen as with his lithotrite, but even this has not availed him to convince the world that he had been previously familiar with the principles of litholapaxy, namely, the tolerance of the bladder to instruments, and its complete evacuation with large tubes.

The leading journals both of this country and of England have placed the credit where it belongs, and even Sir Henry himself has finally yielded to the inevitable. This is an American invention, and one which cannot fail to promote the prestige of Boston and the Massachusetts General Hospital as sources from which so many surgical innovations have emanated.

## THE HARVARD DENTAL SCHOOL.

THE professional community is hardly aware of the work which has been done at this school during the last eleven years, — how thorough and of what high grade the instruction has been. We take occasion to call attention to it in noticing some changes which have recently occurred, and others which are contemplated upon the resignation of Dr. G. T. Moffatt. Dr. L. D. Shepard has been chosen professor of operative dentistry. The plan of the new head of this department is to associate with him a number of gentlemen as clinical instructors. Among these are Drs. John T. Codman, Samuel F. Ham, T. O. Loveland, Charles Wilson, and E. P. Bradbury, of Boston, and A. W. Jewell, of Newton. Each will devote one afternoon per week to practical instruction in the dental department of the Massachusetts General Hospital, where, during the past year, no less than eight thousand operations were performed. Teeth are filled gratuitously, a small fee being charged when valuable materials are used. Professor Shepard will also give a complete and progressive course of didactic lectures upon the theory and treatment of diseases of the teeth and mouth, the correction of irregularity of the teeth, and all the manifold duties of the operating-room, in which he expects the coöperation of eminent practitioners of this vicinity and from other parts of the country.

The mechanical department has for years been under the charge of Prof. T. H. Chandler, who is also the dean of the school. Here are taught the manufacture and adaptation to the mouth of artificial teeth of every kind. There will be no change in the conduct of this department except to make, if possible, its instruction more thorough than before.

The influence of this school upon education in dentistry throughout the country has been strong. Most of the thirteen colleges in the United States graduate students after attendance upon one course of instruction, if they have already been in practice five years, the course being only four months long; some continue five months, and one — the University of Michigan — six months. The course in the Harvard school is eight and one half months long, and a student must attend two full courses. The first year also is identical with that of the medical school, and the students of the two schools are educated together, and pass the same examinations at the end of the first year. To this extent the medical and dental schools are identical. In their second year they are taught separately, except in general surgery.

There is no endowment for this school, the professors having performed their duties gratuitously, the fees of the students being barely sufficient for the running expenses. It is proposed to solicit aid from the public chiefly for the purpose of forming a building fund, and it is possible that when the new medical school is built there may be a wing for the accommodation of the dental students provided for in this way. There is probably no school of the kind in the world where so thorough an education is given, and we wish it success in its new undertaking.

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## MR. BERGH AND NEW YORK VIVISECTIONISTS.

About a fortnight ago Mr. Henry Bergh addressed a communication to the mayor of New York, in which he made an appeal for the prevention of the sale of dogs captured in the streets to the medical faculty for the purpose of vivisection. In the course of it he says: "Will not the more conscientious of the medical profession interpose at once their commanding influence to prevent these scientific atrocities, and win for our country the proud distinction of having been the first completely to end them? Can any philanthropist or patriot unmoved behold the youth of our land initiated into such scenes, and, instructed by teachers whom they have been taught to regard with respect and veneration, thus perpetrate such revolting cruelties, with the specious idea that they are prosecuting science?"

One or two medical men having ventured, in reply to his sweeping assertions, to uphold the practice of vivisection when properly conducted, Mr. Bergh has now come out in the papers with a second long communication, in which he endeavors to annihilate his opponents, and calls down all manner of maledictions upon the devoted heads of vivisectors, great and small. In this he incidentally proves to his own satisfaction that Harvey did not discover the circulation of the blood, and states that Harvey nowhere claims that it was by means of vivisection that he acquired his fame, but distinctly mentions on the other hand, that it was reflection which led to the discovery. He denies, as one of the medical writers asserted, that "nearly all that is known in physiology has been obtained by experiments on living animals," supporting his position by the authority of such names as those of Nélaton, Sir William Ferguson, and Sir Charles Bell, and then takes up the statement of another that "vivisection, as practiced in the colleges of this city and country, is conducted while the animals are under the influence of ether or chloroform, and are kept in that condition until death." On this point he says: "The celebrated Baron von Wiln, in an autograph letter to me, asssures me 'that the greater part of the experiments on animals are now devoted toward the brain and its reference to the nervous system, and hence the poor animals, while being tortured to death, are not even allowed the benefit of anæsthetics, as these would interfere with the inferences drawn from experiments.' This latter fact has been repeatedly admitted to me by leading surgeons of this city, themselves advocates of vivisection." The conclusion of the article is devoted to instances of exceptional cruelty in such experiments, and he prefaces it with the following fierce paragraph: "At the head of barbarous and unfeeling vivisectors stand the French and Italians, the Austrians and Germans next, and lastly the English. The wretch Magendie, before alluded to, *was undoubtedly the most abandoned criminal that ever lived.* Where the pitiless deeds of our own countrymen will ultimately rank them in this damnable record, time will show."

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## MEDICAL NOTES.

— Professor Virchow has gone to London to assist Dr. Schliemann in completing the inspection of the collections of the latter gentleman from the Troad, now lodged in the South Kensington Museum. Virchow will furnish a chapter in the forthcoming work of Dr. Schliemann. It will give the result of the ethnographic and geological investigations made by him in his recent visit to the seat of Schliemann's excavations in the Troad.

— Dr. Sayre recently applied his plaster-jacket to a selected case before a number of physicians in Paris. — The celebrated French surgeon, Chassaignac, lately died in Versailles at the age of seventy-four years.

— "Phare's method for the treatment of colic," says the *Medical Press and Circular*, "consists in *inversion*, — that is, simply in turning the patient upside down. Colic of several days' duration has thus been relieved in a few minutes. The patient may take the elbow-knee position, or lie (face down) on the edge of the bed, with head and shoulders hanging down. Complete inversion, however, is best. The mechanical aid, in giving vent to gases, is perhaps the most efficient element in the cure."

— A Vienna correspondent of the *Canada Medical and Surgical Journal* gives some statistics in proof of the recent assertion that the modern treatment of disease in Germany is deteriorating. In Bamberger's clinic of twenty-seven cases of pneumonia seventeen died; twenty-four per cent. of all cases of typhoid fever die; facial erysipelas is "frequently fatal," etc.

— Dr. Westphal recently applied various tests in the case of a murderer alleged to be insane. One of them was intoxication, the man having been supplied with brandy. In this condition he was plied with questions, with the belief that if his delusions were simulated he could not keep up the deceit while in liquor. The man, however, persisted in his insane statements, and therefore was considered actually demented.

— Dr. Neisser, of Breslau, reports in the *Centralblatt für med. Wis.*, July

12th, the discovery of a micrococcus in gonorrhœal pus. Its outline is circular, or oval; it is not colored by inulin nor *methylgreen*; is usually in colonies of ten, twenty, or more, surrounded by a membrane, and generally found on the upper surface of the pus cells, rarely on epithelial cells. Neisser found these bodies in the discharges of both sexes, in both acute and chronic cases. He found them in the eyes of various cases, and believes them to be characteristic of the disease. As to their pathological significance he is silent. Meanwhile, let us not forget the fate of "*Löstorfer corpuscles.*"

— The latest aspirants for honors as discoverers of anæsthesia are Dr. Wilhite, of South Carolina, and Dr. E. H. Bowne, of Fredonia.

### PHILADELPHIA.

— The introductory lectures at the medical colleges were delivered October 1st, by Prof. Theo. G. Wormley at the University of Pennsylvania, who chose for his subject Modern Advance in Chemistry, and by Prof. Roberts Bartholow at the Jefferson College, the latter selecting for his theme The Importance of a Knowledge of the Physiological Action of Drugs as the Basis of Scientific Medicine, and incidentally discussed the question of vivisection, which, when properly conducted, he declared to be valuable and justifiable, not only as a means for the advancement of science, but also as an aid in imparting knowledge.

— The friends of Professor Rand (who resigned his position at the Jefferson College about two years ago, on account of failing health) will be glad to learn that he has greatly improved, and is now in better condition, both mental and physical, than he has been for years.

### CHICAGO.

— Dr. D. W. Graham, professor of anatomy at the Woman's College, and editor of the *Medical Register*, is about to leave for the Southwest, to be absent several months. He goes for rest and a restoration from sickness, — the consequences of overwork. The best wishes and hopes of the profession of the city go with him in his journey.

— A case of unusual interest has recently occurred at the Cook County Hospital, in the service of Dr. E. W. Lee. A man was admitted with an enormous cirsoid aneurism of the scalp, covering the whole top of the head. The disease started in childhood from the effect of a blow, and had steadily increased in extent. Shortly before admission it had ulcerated, and a dangerous hæmorrhage had taken place. The opening was padded, and the pad secured by a Martin's bandage carried about the head.

As there was no chance of closing the opening without formidable operative procedures, it was determined to ligate in turn both carotids, to lessen the blood pressure within the aneurism; to extirpate then the tumor, secure vessels, and hope for union and a cure. Except in the double ligation of large vessels, this was an operation that had been several times made with success. The size of the aneurism made it necessary to take this unusual precaution to control hæmorrhage.

The first carotid was successfully and easily tied, the result being a slight tendency to coma and stoppage of respirations. The patient promptly recovered from these symptoms, and in a week the second carotid was ligatured. Death seemed imminent before the patient left the table; respiration and pulse failed greatly, but afterward became satisfactory.

It was the design to extirpate the tumor at this time, but this part of the operation was postponed. Symptoms of aphasia and right hemiplegia soon supervened, which never disappeared.

In four days the final operation was made; the aneurism was entirely removed. Again the patient came near dying on the operating table. He rallied, but in the evening of the next day exhaustion was so profound that transfusion of blood was performed; this operation was repeated at midnight, a total of twenty-eight ounces of blood being introduced. The result of each transfusion was to bring down the pulse to more nearly a normal rate and make it stronger. The case now got on well for two or three days, when a chill announced the accession of septicæmia. Death occurred in about five days from the last operation. A post-mortem examination was not allowed.

— The health commissioner has lately been prosecuting the adulterators of milk. Inspector Sawyer was set to examine a number of specimens of milk chosen at random from the dealers. He found them all to be deficient in cream, but excessive in water. Although attempts to convict the dealers in court have not been successful, it has been noticed all over the city that the quality of the milk delivered to consumers has suddenly greatly improved. Health Commissioner DeWolfe has not given up the warfare, but threatens to move upon the enemy again, and with improved legal ammunition.

## LITERARY NOTES.

— Dr. W. Allen Sturge, of London, has recently read a paper at the meeting of the Institution of Surveyors, in which he compares the methods of sewerage in France and England, and describes the sewage irrigation near Paris. Of the nine hundred and fourteen acres now fertilized with the sewage of that city, nearly seven hundred are devoted to market-gardening, the produce being readily sold, even at the largest hotel. The amount of land under treatment has increased each year since the beginning of the experiment, twelve years ago, and in spite of complaints of bad odors there can be no reasonable doubt that Paris will before long follow the example of Berlin, and deal with all the sewage of the city in this manner, the alleged saturation of the soil and injury to health having been shown to be unsupported by facts. As in Berlin, the expense of irrigation is much greater than the returns from it. In Paris the sewage is taken or refused at pleasure by small tenants or land owners. In Berlin the city has bought the land, and controls the whole matter. It is an interesting fact that the Essex Reclamation Company of London still hope to carry out their project of reclaiming the sands on the north side of the mouth of the Thames, and to dispose of the one hundred and twenty million gallons of sewage daily from that city by irrigation. While many chemists and others still consider the sewage question far from its final solution, yet it is plain that sewage irrigation continues to be the most approved method of disposing of the filth of cities. Even the precipitation processes of Leeds and Birmingham and the much-talked-of dry-removal system of Rochdale and Manchester were adopted only after failure to get land for irrigation.

## THE BRITISH MEDICAL ASSOCIATION.

### *Professor Savory's Address. — Views of London Surgeons on the Antiseptic Question.*

MR. EDITOR, — The recent meeting of the British Medical Association, held at Cork, has been allowed on all hands to have been more than usually interesting and successful. The addresses delivered by the president of the association and by the presidents of the various sections were all of them good, whilst those in medicine and surgery, by Dr. Hudson and Mr. Savory, attracted special attention for their excellence.

Mr. Savory's address consisted of an energetic attack on the Listerian system of treating wounds, and it is especially worthy of note on account of the rarity with which that system is at the present day subjected to opposition in public in this country, on account of the high status and acknowledged logical acumen of the surgeon by whom the attack was made, and also by the fact that he appeared as the representative of the surgical staff of St. Bartholomew's Hospital, that he spoke not only on behalf of himself, but of his colleagues, and that he was able to back up his opinion by an appeal to carefully compiled statistics derived from the practice of a hospital with nearly seven hundred beds, and extending over a period of several years. For the sake of those who may not have read the address in the original — which all should do who have the opportunity — I will give a brief summary of Mr. Savory's conclusions. He admitted the existence of only one kind of blood poisoning attendant upon open wounds, considering that septicæmia and pyæmia must be looked upon as the same disorder, differing only in degree. The cause of this blood poisoning is the introduction of putrid matter into the blood, the agents in the production of this putrefaction being solid organic particles, — the so-called germs. As to the exact nature of these germs he was silent, and he was equally reticent on the much-vexed question of the relation of bacteria to putrefaction, confining himself to the statement, now everywhere admitted, that the presence of bacteria may be taken as evidence of putrefaction.

If blood poisoning occurs there must be two conditions present, namely, the presence of putrefying material and the introduction of this material into the blood. He asserted that even where putrefying fluid is present in a wound it is the exception for it to be absorbed, and the rarity of such a result he traced to the presence of a continuous layer of granulative tissue, which acts as a screen between the fluid and the blood. The action of this membrane he considered to be analogous to that of other animal membranes, one of dialysis, and that its protective properties are due to its power of transmitting certain substances and rejecting others. He believes that where transmission takes place it is due to a mechanical cause, to the non-formation of healthy granulating material at some particular part of the wound, or to a solution in its continuity from mechanical or other violence. But he contended that as a matter of fact it is quite exceptional for putrefying material to be met with in wounds that are properly looked after. Time is necessary for the establishment of putrefaction, and in the case of wounds which are frequently dressed and freely treated with clean water the discharges are not allowed to remain for the requisite time. Consequently, he looked upon "free ablution with clean water, adequately used, to be amongst the simplest, safest, best, of antiseptics." In proof of his position he quotes the statistics of the last three years at St. Bartholomew's, where, out of a total of upwards of four thousand cases of severe injury and capital operations, there had been only seventeen cases of pyæmia and sixty cases of erysipelas, and he challenged Professor Lister to produce better results. If such results can be obtained by the ordinary methods of dressing, where was the need, he asked, to introduce all the elaboration of the Listerian system, which in addition to its complexity introduced elements of evil, peculiar to itself, in the shape of irritation of the raw tissues, and which could not more than any other method claim the merit of being always successful?

To an unbiased outsider there certainly appears to be a great deal in what Mr. Savory says, though, logically, Professor Lister's position is one that cannot be easily refuted. Granting that pyæmia is due to the absorption of putrefying material, and that putrefaction is produced by organic particles in the air, in water, in everything, in fact, which has not been scientifically cleansed; granting, also, that carbolic acid and certain other materials infallibly kill these germs (and all this is granted by Mr. Savory), it stands to reason that if Lister's method could be carried out without fail in every case, purulent infection would be stamped out. It must be confessed that Mr. Savory's picture of the thin granulative membrane standing between the patient and death in any case where putrefaction has set in appears a rather appalling one, and that if it be conceded that Mr. Savory's view of the mode of infection be correct, it would constitute a strong argument in favor of Professor Lister's method. But Mr. Savory's explanation of the occurrence of purulent infection is founded on a mere hypothesis, and one which I think will not be widely accepted in its purely mechanical form; and an appeal to facts — not merely to statistics, but to carefully detailed facts — must be the criterion on which our final judgment must be based. Such an appeal to facts cannot be said to have been hitherto made; for though many isolated cases have been laid before the public by Professor Lister and by his more enthusiastic followers, yet neither he himself nor any of his followers have, up to the present time, published any account of the whole of their practice, and we have consequently no means of forming a definite opinion of the ultimate gain resulting from accurate antisepticism. Unfortunately, those who have taken upon themselves to defend Lister's method against the onslaught of Mr. Savory talk as though all surgeons who had not adopted the method were showing results such as were common twenty or thirty years ago — as though wounds treated by them were habitually bathed in stinking pus, and the patient worn out by fever. But surely this is not to the point. The contention of Mr. Savory and of those who agree with him in their practice is that since the introduction of better hygienic arrangements into our hospitals the condition of surgical patients has wonderfully improved, — that this is shown to be so by their statistics. They would say that if blood poisoning and evil results of various kinds can be reduced to a minimum by careful attention to hygiene and the use of the simplest of all methods of dressing, the *raison d'être* of the antisepticians would be removed. So far, it can scarcely be said that the occurrence of blood poisoning has been reduced to a minimum, but it has been so much diminished within the last few years that it is not difficult to believe in its more or less complete disappearance within the immediate future; and as Mr. Savory has shown, the proportion of cases is already so small that it rests with the Listerians to show that they can in the aggregate produce better results.

There is one point, however, which Mr. Savory left untouched, but in which Professor Lister has now clearly the advantage. There can be no doubt that, aided by his mode of dressing, he and his disciples have ventured to perform operations which have been ordinarily looked upon as unjustifiable from their extreme risk. The successful opening of psoas and lumbar abscesses may be said to date from the period of Lister's first introduction of his method; abdominal surgery has made gigantic strides since that time, nearly all the more successful operators in this line having adopted this method; whilst Lister himself has opened joints, has wired the ends of fractured patellæ together, and performed various operations of the same kind with a result which a few years ago would have been thought impossible. At the same time it would scarcely be right at present to attach too much weight to this argument. That close attention to general cleanliness and hygiene, which has made the practice of St. Bartholomew's Hospital so much more successful of late than at any previous time, may eventually enable its surgeons to obtain the same results as Professor Lister in this respect; but just as it rests with the latter to prove that his results are in the aggregate perceptibly better than theirs, so it rests with the former to show that in refusing to adopt his method they are not putting it out of their power to perform these more delicate operations with chances of success as great as those he has obtained.

I cannot help thinking that it will ultimately be found that for general operations, where it is simply sought to produce union between two cleanly cut surfaces, it will matter little whether Lister's method be adopted or not; but that in all those cases where it is difficult to prevent the accumulation of pus, as in psoas abscesses, and in those cases where inflammation once established in one spot will tend rapidly to extend by continuity of tissue, as in serous or synovial cavities, with resulting loss of a limb or of life, Lister's method will give results far superior to those resulting from ordinary treatment. As in the case of so many other controversies, it will probably be found that there is a medium which will assert itself when the heated discussions have ceased, and that though theoretically all that Professor Lister has said of his method is true to the utmost letter, yet practically it will be found that the gain in straightforward cases will be so small as not to counterbalance the infinity of trouble which is attendant upon his mode of operation. Whilst, however, in these cases the game will not be worth the candle, in cases of the descriptions above mentioned, it will become an imperative duty to perform the operations with the most rigid attention to antiseptic details.

(*To be concluded.*)

# SHORT COMMUNICATIONS.

## ABSENCE OF THE LOCHIAL DISCHARGE.

BY L. JACKSON BAKER, M. D., PITTSBURGH, PA.

MR. EDITOR, — The two following rare and rather interesting cases have fallen under my observation: —

CASE I. Early in the morning of the 26th of December, 1877, I was called to attend Mrs. C. in labor. She was a well-proportioned, healthy colored lady, thirty-two years of age. On my arrival, I found that the liquor amnii had escaped; the head was engaged in the superior strait, with vertex to the left. Labor progressed naturally, the child being born in an hour and a half after my arrival. After I had ligated and secured the cord, and was in the act of delivering the infant to the nurse, the mother remarked to me that she was wasting too much. Placing my hand over the womb and creating some irritation with it, the uterus contracted moderately well. But as the contractions were insufficient to arrest the hæmorrhage, I made gentle traction upon the cord, in order to remove the "after-birth." Failing to succeed in this way, I introduced my hand into the uterus, when I discovered that it was abnormally adherent near its circumference, which being difficult to "break up" without using more force than was justifiable, I removed the remainder of the secundines, when the uterus contracted well and the hæmorrhage ceased. Being afraid that secondary hæmorrhage might supervene if the abnormal substance was permitted to remain, I requested a consultation. In a short time Dr. Sanders arrived, and after giving the case a careful examination we concluded to "await coming events," as he was unable to remove the placenta without laceration. On leaving, we gave her a full dose of Squibb's fluid extract of ergot, and directed more to be given if flooding should occur. Visiting her in the evening, I inquired if she had "wasted much," to which she replied, "None." The uterus was firmly contracted, and she was feeling very comfortable, having slept somewhat in the interim. During my visit the next morning I repeated my question of the evening before, and received a similar answer. Notwithstanding the patient was doing well, I feared some occult uterine trouble, and therefore ordered injections, but, as is often the case, she would not use them. She made a rapid recovery, without any lochial evacuation being present; neither was there any specially fetid odor from the genital organs.

This lady had had five miscarriages, and completed the full term of gestation four times. There were plural births twice. She informs me that only once out of the nine confinements did she have the usual lochial discharge.

CASE II. On the 18th of last July my partner, Dr. E. Donnelly, was called to attend Mrs. O'M., a portly Irishwoman, who was in labor. Her labor was natural in every respect, but little blood being lost. She recovered quickly from her confinement, without any discharge being present. In the doctor's absence, I saw this case once or twice, and examined particularly in reference to the lochial discharge, and found it wanting. Dr. Donnelly informs me that he has attended her in three confinements, and says that there has been an entire absence of the lochial evacuation each time.

In looking over medical literature for similar cases, I have been unable to find more than one case, which is recorded by Cazeaux. He says: "In 1855 a case of this kind came under my notice in the young wife of a medical friend. After an easy and happy labor the lochia were almost completely suppressed. She hardly lost a few spoonfuls of blood within the first twenty-four hours; after the second day there was no discharge whatever. . . . Everything went on well during the lying-in, with the exception of a very fetid odor from the genital parts during the first seven or eight days. This young lady had been delivered once before, on which occasion she had a perfectly regular lochial discharge."

Velpeau quotes a case from Buckman, which is also quoted by Cazeaux, in which hæmatemesis was substituted for the "cleansings." Van Swieten mentions that the discharge may last but a few hours, while Cazeaux gives Millat as authority for the statement that the "discharge never appears in some women."

In Case I., I personally examined the napkin on several occasions, and always found it clean. In neither of the cases was there either diarrhœa, vomiting, or profuse sweating substituted for the lochia. One remarkable phenomenon in Dr. Donnelly's case was the scanty secretion of milk, which lasted but a few days, artificial nourishment being necessary to support the child.

The question very naturally suggests itself as to what gave rise to this abnormality in these two women. Was it due to the firm contraction of the womb, which so diminished the lumen of its vessels that the oozing of sanguineous matter was thereby held in abeyance, or was it the result of some other cause? Without desiring to enter into the discussion of the various causes which might have produced this condition, we will state that in our opinion it was due to the firm and continued contraction of the uterus. We base our opinion upon the fact that in all cases, *cæteris paribus*, where there is firm contraction without relaxation the lochial discharge is of short duration; whereas, on the other hand, where we have the so-called "humoral engorgement" of Leroux we have the "cleansings" prolonged often for several weeks.

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## WOMEN AT ZURICH.

Mr. Editor, — Those of your readers who have been looking with much interest for an authoritative statement from Zurich, hoping that it would prove, as it does, confirmatory of those published by Dr. Bowditch and others, must have felt strangely surprised at your editorial comments upon Professor Rose's recent letter.

The *Koelnische Zeitung* turns out to have been mistaken; the experiment has not been "abandoned as a failure," but, instead, we learn that after twelve years, with its varied and remarkable experiences, the women are working earnestly and industriously, that their presence no longer causes excitement, that their graduation theses are excellent; in short, though there is but little except a reputation for liberality to be gained and adverse prejudices still to be met, that the "experiment" is thought worthy, under very reasonable and proper precautions, to be continued. Yet you say: "One would hardly ask for more satisfactory proof of the impropriety of such experiments than the experience of this school." Searching for the details of this proof, we find nothing but the unsupported *petitio principii* that the women study at Zurich, not to meet a professional want, but as representatives of some ephemeral sect. "As six years ago it was the nihilists, so at the present time the 'advanced thinkers' have their delegation; at still another period it was the 'German noblemen.'" If the fact of receiving, in considerable and increasing numbers, lucrative employment and responsible positions, both public and private, is an indication of being wanted, — and I cannot imagine what other kind of proof is possible, — then such a statement, so far as American women are concerned, is, surely, an anachronism.

You say that if Harvard should open the doors of its medical college to women a number of the existing smaller colleges would be obliged to close theirs. It is certainly to be hoped that this would be the case. Has Harvard ever hesitated before to enlarge the sphere of its usefulness for fear of cutting out smaller and less efficient institutions, or has any one ever wished it to do so? With regard to the New York college, I think your statement is, though technically correct, really erroneous. I was recently told by a prominent teacher of that school that they should consider this step on the part of Harvard as the key to increased usefulness on their part, inasmuch as they have long desired to devote themselves entirely to the clinical teaching of advanced students, for which they claim to have excellent facilities. "Let the ladies stick to their own schools," by all means, if they can find no better, but not otherwise, and let us not fall into the fallacy of maintaining that the standard insisted on by Harvard, with so much labor, is applicable to men alone, the second best being good enough for the women. The community have liberally supported Harvard in upholding certain important educational principles, and wish to see their application made as universal as possible. It is not desired that innovations should be made through which the success of the medical school might be endangered, but only that the university should coöperate cordially in seeking some plan, not open to this objection, for securing the same high standard of medical education for women physicians as has been secured for men.

The favorable experience of Zurich permits the hope that such a scheme will eventually be found. Persistent opposition to all schemes would imply, not merely a wise and laudable conservatism, but an unwillingness to admit that women have actually gained a definite position in the medical community, and that it is therefore as important, though less feasible, to make first-rate practitioners of them as of their male colleagues.

Yours very truly, James J. Putnam.

[Our "persistent opposition" is not to the practice of medicine by women, but to the coeducation of the sexes in medicine, which we do not believe can be accomplished without disagreeable moral complications. We should therefore be sorry to see Harvard repeat the experience of Zurich. Our allusion to the New York school was to show that the demand for a good education for women was already supplied. The statement of the probable effect the admission of women to Harvard would have upon that school we received from one of its trustees. — Ed.]

## REPORTED MORTALITY FOR THE WEEK ENDING OCTOBER 4, 1879.

| Cities. | Population estimated for July, 1879. | Reported Deaths in each. | Deaths under Five Years. | Percentage of total Deaths from | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | The Principal "Zymotic" Diseases. | Diarrhœal Diseases. | Lung Diseases. | Diphtheria and Croup. | Typhoid Fever |
| New York | 1,085,000 | 498 | — | 23.69 | 11.65 | 8.41 | 2.61 | 1.41 |
| Philadelphia | 901,380 | 232 | — | 13.79 | 5.17 | 5.60 | 2.15 | 2.15 |
| Brooklyn | 564,400 | 238 | 105 | 21.85 | 8.40 | 10.50 | 8.82 | .84 |
| Chicago | — | 174 | — | 37.93 | 4.02 | 4.02 | 18.33 | 8.04 |
| St. Louis | — | 112 | 41 | 26.79 | 8.93 | 1.79 | 1.79 | 6.25 |
| Baltimore | 393,796 | 129 | 57 | 32.56 | 5.43 | 3.10 | 10.85 | 3.87 |
| Boston | 360,000 | 160 | 82 | 32.50 | 14.38 | 21.25 | 9.38 | 2.50 |
| Cincinnati | 280,000 | 93 | 41 | 23.66 | 8.60 | 3.23 | 4.30 | 3.23 |
| New Orleans | 210,000 | 85 | 33 | 17.65 | 7.06 | 7.06 | 3.53 | — |
| District of Columbia | 170,000 | 73 | 32 | 34.25 | 15.07 | 8.22 | 2.74 | 4.11 |
| Cleveland | 160,000 | 57 | 20 | 17.54 | 5.26 | 8.77 | 5.26 | 3.51 |
| Pittsburgh | — | 55 | 24 | 34.55 | 3.64 | 7.27 | 23.64 | 3.64 |
| Buffalo | — | — | — | — | — | — | — | — |
| Milwaukee | 127,000 | 46 | 22 | 23.91 | 4.35 | 8.69 | 15.22 | 2.18 |
| Providence | 101,500 | 35 | — | 34.29 | — | 2.86 | 11.43 | — |
| New Haven | 60,000 | 17 | 3 | 17.65 | 5.88 | 5.88 | — | — |
| Charleston | 57,000 | 38 | 18 | 21.05 | 5.26 | 2.63 | 10.53 | — |
| Nashville | 27,000 | 12 | 4 | 33.33 | 16.67 | — | — | 8.33 |
| Lowell | 53,300 | 16 | — | 31.25 | 18.75 | — | 6.25 | 6.25 |
| Worcester | 52,500 | 20 | 6 | 20.00 | 5.00 | 5.00 | 10.00 | 5.00 |
| Cambridge | 50,000 | 18 | 7 | 27.78 | 22.22 | — | 5.55 | — |
| Fall River | 48,500 | 18 | 19 | 16.67 | — | — | — | 5.56 |
| Lawrence | 38,200 | 12 | 3 | 16.67 | 8.33 | 8.33 | 8.33 | — |
| Lynn | 34,000 | 8 | 2 | 50.00 | — | — | 37.50 | 12.50 |
| Springfield | 31,500 | 10 | 2 | 40.00 | — | — | 30.00 | — |
| New Bedford | 27,000 | 24 | — | 25.00 | 12.50 | 12.50 | 8.33 | — |
| Salem | 26,400 | 11 | 2 | 18.18 | 9.09 | — | 9.09 | — |
| Somerville | 23,350 | — | — | — | — | — | — | — |
| Chelsea | 20,800 | 5 | 3 | 20.00 | 20.00 | 30.00 | — | — |
| Taunton | 20,200 | 5 | 3 | 20.00 | 20.00 | — | — | — |
| Holyoke | 18,200 | 8 | — | 50.00 | 12.50 | 25.00 | 12.50 | 12.50 |
| Gloucester | 17,100 | 6 | — | — | — | — | — | — |
| Newton | 17,100 | 5 | — | 40.00 | 20.00 | 20.00 | 20.00 | — |
| Haverhill | 15,300 | 7 | 1 | 14.29 | — | 14.29 | 14.29 | — |
| Newburyport | 13,500 | 1 | — | — | — | — | — | — |
| Pittsfield | 12,650 | — | — | — | — | — | — | — |
| Fitchburg | 12,500 | 6 | 1 | 16.67 | — | — | — | 16.67 |
| Milford | 9,800 | 3 | 1 | 33.33 | — | — | — | — |

Two thousand two hundred and thirty-seven deaths were reported: principal "zymotic" diseases (small-pox, measles, diphtheria and croup, diarrhœal diseases, whooping-cough, erysipelas, and fevers) 557, consumption 341, diarrhœal diseases 191, lung diseases 169, diphtheria and croup 159, typhoid fever 62, scarlet fever 54, malarial fevers 51, whooping-cough 32, cerebro-spinal meningitis 10, measles four, erysipelas four, pleurisy three, trismus nascentium three, small-pox none. From *scarlet fever*, Baltimore nine, Chicago eight, Providence seven, New York and Boston six, Philadelphia five, Brooklyn, Cincinnati, Cleveland, and Fall River two, St. Louis, District of Columbia, Pittsburgh, New Bedford, and Holyoke one. From *malarial fevers*, New York 16, New Orleans six, St. Louis and District of Columbia five, Baltimore four, Brooklyn and Chicago three, Cincinnati and Charleston two, Milwaukee, New Haven, Nashville, Springfield, and Milford one. From *whooping-cough*, New York 12, Brooklyn and St. Louis four, Philadelphia and Boston three, Cincinnati and District of Columbia two, Pittsburgh and New Haven one. From *measles*, New York four. From *erysipelas*, New York, Philadelphia, Baltimore, and Providence one each. The mortality from lung diseases, consumption, typhoid fever, diphtheria and croup, and malarial fevers is considerably greater than for the previous week; from scarlet fever, measles, and diarrhœal diseases less. In 19 cities and towns of Massachusetts, with an estimated population of 865,900, diarrhœal diseases continued to decline, with an increase in diphtheria and scarlet fever. In Norfolk, during September, diarrhœal diseases and malarial fevers prevailed.

In Brooklyn the mean temperature was 67.5° F.; humidity 74; no rainfall. In Baltimore, mean temperature 67.8° F. The meteorological record for the week in Boston was as follows: —

| Date. | Barometer. | Thermometer. | | | Relative Humidity. | | | | Direction of Wind. | | | Velocity of Wind. | | | State of Weather.[1] | | | Rainfall. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mean. | Mean. | Maximum. | Minimum. | 7 A. M. | 2 P. M. | 9 P. M. | Mean. | 7 A. M. | 2 P. M. | 9 P. M. | 7 A. M. | 2 P. M. | 9 P. M. | 7 A. M. | 2 P. M. | 9 P. M. | Duration. | Amount in Inches. |
| Sept. 28 | 30.341 | 56 | 68 | 44 | 78 | 54 | 81 | 71 | 0 | S | S | 0 | 9 | 6 | H | F | F | — | — |
| " 29 | 30.268 | 64 | 75 | 54 | 82 | 50 | 83 | 72 | S | SW | SW | 8 | 11 | 8 | F | H | C | — | — |
| " 30 | 30.179 | 70 | 83 | 56 | 88 | 46 | 65 | 66 | SW | W | SW | 12 | 13 | 10 | F | F | F | — | — |
| Oct. 1 | 30.115 | 74 | 86 | 60 | 63 | 42 | 72 | 59 | W | W | NW | 14 | 12 | 4 | F | C | F | — | — |
| " 2 | 30.228 | 62 | 72 | 59 | 89 | 69 | 65 | 74 | NW | SE | S | 7 | 8 | 8 | C | C | C | — | — |
| " 3 | 29.902 | 72 | 83 | 57 | 88 | 55 | 72 | 72 | SW | W | W | 14 | 15 | 17 | | F | C | — | — |
| " 4 | 30.100 | 62 | 70 | 52 | 80 | 27 | 52 | 53 | W | NW | SW | 8 | 11 | 5 | C | C | C | — | — |
| Week. | 30.162 | 63 | 75 | 55 | | | | 67 | SW | | | 1543 miles. | | | | | | .66 | — |

[1] O., cloudy; C., clear; F, fair; G., fog; H., hazy; S., smoky; R., rain; T., threatening.

The deaths from yellow fever in Memphis for the week ending October 11th were 22, cases 74.

For the week ending September 20th, in the 20 English cities and towns, with an estimated population of 7,383,999, the death-rate was 19.4 against 18.7 of the previous week. Two thousand seven hundred and fifty-one deaths were reported: diarrhœa 226, lung diseases 177, scarlet fever 118, whooping-cough 63, measles 54, fever 37, diphtheria 21, small-pox (London) five. The death-rates ranged from 11.5 in Portsmouth to 26.5 in Liverpool; Brighton 14.8; Bristol 16.7; Birmingham 16.5; Manchester 19.9; Leeds 19.6. In Edinburgh 14, Glasgow 17, Dublin 24 (five deaths from small-pox). In 20 Swiss cities and towns, diarrhœa of young children continued very fatal, typhoid fever increasing. Geneva 19.4; Zurich 26.0; Basle 39.3.

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## OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM OCTOBER 4, 1879, TO OCTOBER 10, 1879.

**Sutherland, Charles**, colonel and surgeon. To report in person to the commanding general Military Division of the Pacific for duty as medical director of that division. S. O. 229, A. G. O., October 4, 1879.

**Clements, B. A.**, major and surgeon. Granted leave of absence for four months. S. O. 228, A. G. O., October 2, 1879.

**Brown, H. E.**, captain and assistant surgeon. Granted leave of absence for one month, with permission to leave the department and apply for one month's extension. S. O. 205, Department of Texas, September 29, 1879.

**Munn, C. E.**, captain and assistant surgeon. To report in person to the commanding general Department of the Missouri for assignment to duty. S. O. 232, A. G. O., October 9, 1879.

**Finley, J. A.**, first lieutenant and assistant surgeon. Granted leave of absence for four months. S. O. 230, A. G. O., October 6, 1879.

**Appel, A. H.**, first lieutenant and assistant surgeon. To repair to Fort Benton, M. T., and to report to the post commander for duty as post surgeon. S. O. 106, Department of Dakota, September 30, 1879.

## DR. C. B. SMITH, OF GRANBY.

At a late meeting of the Hampshire District Medical Society the following resolutions were adopted:—

*Whereas*, Our president, Dr. C. B. Smith, of Granby, has met a death of violence as appalling as it was mysterious,

*Resolved*, That as a member of our society he was one of the ablest and most useful, as our president he was most highly esteemed, as a practitioner of medicine he possessed the confidence of his patrons and the respect of the medical profession, and as a man he was noted for his energy, honor, and rectitude of character.

*Resolved*, That the sympathy of this society is hereby extended to his bereaved family.

*Resolved*, That a copy of these resolutions be transmitted to his widow, also to the Boston Medical and Surgical Journal, and to the *Hampshire Gazette*.

C. M. Barton, *Secretary*.

## DEATH OF A NOTED DIVINE.

Died, at the family residence, Hopkinsville, Ky., September 30, 1879, in his seventy-ninth year, the Rev. Gideon B. Perry, D. D., LL. D., late rector of Grace Episcopal Church in that city, formerly rector of Trinity Church, Natchez, Miss., first rector of St. Paul's, Cleveland, Ohio, for some time at Grace Church there, and founder of St. James's Parish, Cleveland, also. Among other degrees, Dr. Perry received his M. D. of Jefferson College, Philadelphia, Pa., and practiced surgery and medicine at an early day, both in the East and West. One of his brothers was Dr. George Hazard Perry, of Hopkinton, R. I.

**Books and Pamphlets Received.** — General Principles of Hospital Construction. By Francis H. Brown, M. D.

Report of the Special Committee on Medical Education before the Illinois State Medical Society, E. Ingalls, M. D., Chairman. Chicago. 1879.

Buildings for Insane Criminals. By Walter Channing, M. D. Boston. 1879.

Physiological Antagonism the Therapeutical Law of Cure. By Electus B. Ward, M. D. (Read before the Detroit Academy of Medicine.) 1879.

The History of Massage. By Douglas Graham, M. D. New York: William Wood & Co.

Transactions of the State Medical Society of Kansas at its Thirteenth Annual Session, held in Atchison, Kansas.

The Dover (N. H.) Physician. (Read before the New Hampshire Medical Society.) By John Randolph Ham, M. D. Concord. 1879.

Buildings for Insane Criminals. By Walter Channing, M. D. (Read at the Conference of Charities in Chicago.) 1879.

Proceedings of the Alumni Association of Rush Medical College. Chicago. 1879.

Transactions of the Southern Illinois Medical Association for the year 1879. Vol. I.

Atlas of Histology. By E. Klein, M. D., F. R. S., and E. Noble Smith, L. R. C. P., M. R. C. S. Part VII. Philadelphia: J. B. Lippincott & Co. London: Smith, Elder & Co. 1879.

Annual Report of the Board of Health of the City of Pittsburgh for the Year 1878.

Observations on Contractions of the Fingers (Dupuytren's Contraction), and its Successful Treatment by Subcutaneous Division of the Palmar Fascia and Immediate Extension. Also on The Obliteration of Depressed Cicatrices. By William Adams, F. R. C. S. London. 1879.

Reports to the St. Louis Medical Society on Yellow Fever. By W. Hutson Lord, A. M., M. D. St. Louis: Rumbold & Co. 1879.

Transactions of the American Homœopathic Ophthalmological and Otological Society. Third Annual Meeting. 1879.

Quarterly Report of Medical Officers, United States Army. Washington: Surgeon-General's Office. October, 1879.